

# Demographics of patients seeking cosmetic dermatology referrals at an academic medical center: A 3-year cross-sectional study

*Nishad Sathe<sup>1</sup>, Karen Baker<sup>2</sup>, Ziou Jiang<sup>2</sup>*

<sup>1</sup>Department of Dermatology, University of Minnesota, Minneapolis, MN USA; <sup>2</sup>Clinical and Translational Science Institute, University of Minnesota, Minneapolis, MN USA

## To the Editor,

Increasing patient interest in cosmetic dermatology may directly impact quality of life, self-perceived disfigurement, and disease burden among diverse populations<sup>1</sup>. However, despite the rise of cosmetic procedures across a spectrum of patients, their limited representation in academic settings may reduce the trainee's comfort in caring for these populations beyond training. We sought to characterize the demographics of cosmetic dermatology referrals at a large, academic medical center across a 3-year period to understand the exposure trainees have in cosmetic dermatology.

We evaluated all adult patients at the University of Minnesota/Fairview Health System who received a provider referral to cosmetic dermatology from 2020–2022. Each patient's demographic information including sex, ethnicity, race, language, marital status, and insurance status was analyzed. The study was deemed exempt by the Institutional Review Board at the University of Minnesota (IRB #00018597). From 2020 to 2022, demographic information from 740 patients who received a cosmetic dermatology referral was obtained (Table 1).

The average age was  $46.02 \pm 15.71$  (mean  $\pm$  standard deviation). Patients were more likely to be non-Hispanic, white, English-speaking, married women with private insurance.

These findings appear consistent with prior studies in private, nonacademic centers in the United States and in academic centers internationally, where the

primary desire was pointed towards rejuvenating<sup>2,3</sup>. However, these studies together reflect that across the nearly 2 decades of reported data, minimal change has been made in the demographics of cosmetic dermatology patients despite the United States census data demonstrating increased diversity in the population<sup>4</sup>. In 2008, a study of dermatology residents and program directors showed that exposure to a diverse patient population was limited among trainees in dermatology, and the authors proposed a call to action for increased exposure to diverse patient populations<sup>4</sup>.

Importantly, there is a clear need and benefit for cosmetic dermatology among diverse populations. Trepanowski et al<sup>5</sup> studied predominantly skin-of-color patients with autoimmune connective tissue disease, who used non-surgical cosmetic procedures to address aspects of their conditions. They observed improved quality of life and self-esteem in patients who underwent procedures, and noted that only patient-rated disfigurement seemed to correlate with disease burden in their study population<sup>5</sup>. Yet our findings suggest that these patients may be underrepresented in an academic training population.

Our study was limited by single-center data and the COVID-19 pandemic. Future studies should explore the types of procedures observed in populations served by training programs and develop innovative solutions. Some proposed solutions include removing barriers to access (e.g. location and cost), improving online educational resources, and partnering with local dermatology practices, community leaders, and

**Table 1.** Demographic information for cosmetic dermatology referrals

Age at Initial Visit		46.02 (15.71)
Sex	Female	567 (76.6)
	Male	173 (23.4)
Ethnicity	Hispanic	20 (3.5)
	Not Hispanic	557 (96.5)
Race	American Indian/Alaskan Native	4 (0.6)
	Asian	53 (7.7)
	Black or African American	69 (10.0)
	Multiracial	6 (0.9)
	White	558 (80.9)
Language	English	718 (97.3)
	Not English	20 (2.7)
Marital Status	Divorced	51 (6.9)
	Life Partner	1 (0.1)
	Married	357 (48.2)
	Patient Declined	1 (0.1)
	Single	312 (42.2)
	Unknown	1 (0.1)
Insurance	None	20 (2.7)
	Private	548 (74.1)
	Public	172 (23.2)

industry professionals. Addressing these concerns can elevate future dermatologists to provide high-quality care to an increasingly diverse patient population seeking cosmetic dermatology care.

**Funding:** None.

**Acknowledgement:** Data collection was made possible through prior work from the University of Minnesota NIH Clinical and Translational Science Award: UL1TR002494.

**Disclosures:** The authors have no conflicts of interest relevant to the contents of this article.

**Patient Consent:** Not applicable.

## References

1. Kantor J. This Month in JAAD International: January 2023: Toward a more inclusive vision of cosmetic surgery. *J Am Acad Dermatol.* 2023; 88(1):26.
2. Schlessinger J, Schlessinger D, Schlessinger B. Prospective demographic study of cosmetic surgery patients. *J Clin Aesthet Dermatol.* 2010; 3(11):30-35.
3. Dadkhahfar S, Gheisari M, Kalantari Y, Zahedi K, Ehsani A, Ifa E. Motivations and characteristics of patients seeking minimally invasive cosmetic procedures in two Iranian dermatology centers: A cross-sectional study. *Int J Womens Dermatol.* 2021; 7(5Part B):737-742.
4. Nijhawani RI, Jacob SE, Woolery-Lloyd H. Skin of color education in dermatology residency programs: does residency training reflect the changing demographics of the United States?. *J Am Acad Dermatol.* 2008; 59(4):615-618.
5. Trepanowski N, De La Garza H, Goldminz J, Lam CS, Vashi NA. The impact of skin disfigurement in patients with autoimmune connective tissue disorders on quality of life, willingness-to-pay, and time trade-off: A cross-sectional analysis. *JAAD Int.* 2022; 10:48-50.

## Correspondence:

Received: 19 August 2024

Accepted: 25 September 2024

Nishad Sathe, MD, Department of Dermatology, University of Minnesota, Minneapolis, MN USA

E-mail: nishadcsathe@gmail.com